7/06/01	UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No.		1776/00061			
First Named Inv	entor or Application Id	lentifier	Naganori Numao		
Title	BIOLOG SITE IN	ICAL FOR PROTESTICLEOT	F UNKNOWN UNCTION OF THE ACTIVE INS OR/AND TIDES, AND ITS		

APPLICATION	ELEMENTS		ADDRESS TO:	Commissioner for Box Applications Washington, D.C.	ب		
1. X Filing fee as calculated below 2. X Applicant claims small entity See 37 CFR 1.27. 3. X Specification  (preferred arrangement set for  Descriptive title of the inv Cross References to Relat Statement Regarding Fed Reference to Microfiche A Background of the Invent Brief Summary of the invent Brief Description of the D Detailed Description Claim(s) Abstract of the Disclosure Drawing(s) (35 USC 113) 5 Oath or Declaration  a. X Newly executed (original original ori	31]   a   b   c   c   c   c   c   c   c   c   c	PAGE FOR ASSIGNEE INFORMATION  10.					
	17.	CORRESPONDENC	E ADDRESS				
☐ Customer Number or Bar Code La	bel (Inser	t Customer No. or A here!	or	□ correspondence a	address below		
NAME			olly Bove Lodge &	Hutz LLP			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Suite 800						
ADDRESS			1990 M Street, N	.W.			
	Washington	STATE	DC	ZIP CODE	20036-3425		
CITY			(202) 331-7111	FAX	(202) 293-6229		
COLINTRY	HISA	TELEPHONE	1 12021351-7111	FAX	1 (404) 473-0447		

Express Mail Label No.

				Fee Calculation	n and Tran	smittal			
	(Col 1)	1 [	(Col 2)	(Col 3)	SM	MALL ENTITY		NON-SMALL ENTITY	
	NO. FILED	1		NO. EXTRA	RATE	FEE	OR	RATE	FEE
TOTAL	15	minus	20	= 0	x9=	\$0		x18=	\$
INDEP	1	minus	3	= 0	x40=	\$0		x80=	\$
First Presentation, Multiple Dependent Claims				+135=	\$0		+270=	\$	
Base Filing Fee					\$355			\$710	
Other Fee (specify purpose) Assignment recordation				\$40			\$		
Late filing of English translation					\$65				
TOTAL FILING FEE* (accounting for possible small entity status)					\$460	OR	TOTAL	\$	

X	A check in the ame	ount of \$460 to cover the filing fee is enclosed
	No payment is end	losed at this time. Full payment will be made when the executed Declaration is submitted.
X	The Director is he copy of this sheet	reby authorized to charge and credit Deposit Account No. <b>22-0185</b> as described below. A duplication is enclosed.
		Charge the amount of \$ as filing fee
	X	Credit any overpayment.
	X	Charge any additional filing fees required under 37 CFR § 1.16
	X	Charge any additional filing fees required under 37 CFR § 1.17
	X	If filing fee is not enclosed herewith, the filing fee(s) required to Deposit Account No. 22-0185.

## Assignee Name and address:

Biofrontier Institute Inc.

Sagamihara Incubation Center 302 Nishi-Hashimoto 5-4-21

Sagamihara, Kanagawa 229-1131

Japan

Applicant claims priority from Japan application No. 2000-206129, filed 7/7/2000

Name (Print/Type)	George R. Pettit	Registration No. (Attorne	ey/Agent)	27,369
Signature	Sear Roth		Date	7/06/01